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MADRAS

HEALTH

367
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ESTD. 1923

A JOURNAL DEVOTED TO HEALTHFUL LIVING

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Price FOUR Annas.

EDITED BY U. VASUDEVA RAU, M.B., B.S.

What's New in the News?

Electric Crematorium

The Bombay Municipal Corporation has given a Danish firm in Bombay the contract to supply and install India's first crematorium. A Copenhagen firm will supply the electric furnace.—(*Danish Foreign Office Journal*).

●

Effect of Cooking upon the Vitamin 'A' Content of Ghee

Losses of vitamin A content of ghee varying from 20 to 100 per cent have been reported in every cooking process where ghee is used. Bhatia found that frying has a far more destructive effect than steaming and frying of foods in ghee for more than fifteen minutes involves a *total* loss of the vitamin A content of ghee.—(*Bull. C. F. T. R. I.*, 2 : 72 : '53).

●

Dextraven : a new Anti-shock Drug

It is the triumph of the combined work of British Research Chemists in Laboratories and Schools of Medicine. This is a most handy and valuable preparation, (impervious to changes of temperature and to climatic conditions) which is a plasma substitute. It could be administered by injection between the veins to restore the blood volume and prevent "shock". Nine years ago a plasma substitute 'Dextran' was produced from sucrose and it marked an improvement over gelatin and gum saline. The latest, Dextraven marks a further great improvement over Dextran.—(*Benger Lab. Bulletin*, Sept. 1953).

●

"Q" Fever in India too

The Laboratories of the Armed Forces Medical College in Poona has discoverd the presence of 'Q' Fever in India. 'Q' Fever is a tropical disease resembling malaria, characterized by high fever, chills and muscle-pains. It is caused by a virus known as rickettsia, transmitted by ticks to man.

It is now reported that Q Fever can be cured by the antibiotic "Terramycin." This year the Rockefeller Foundation appropriated nearly 12 lakhs of rupees (2,75,000 dollars) to continue studies of viruses around the world. A new virus laboratory has been set up in Poona, to survey virus diseases in the region.—(*U. S. I. S. Bulletin*, Aug. 1953).

●

Public Education in China

In the second half of 1949, when China was proclamied a Peoples' Republic, there were 191 higher educational institutions attended by 130,000 students. Secondary school enrolment was then, a little over 1,200,000 and that of elementary schools, 24,200,000.

In 1952, the number of University and College students in China was 202,000, enrolment at the secondary schools went up more than two and a half times, and the elementary schools were attended by 50 million pupils. Enrolment at higher educational institutions and schools has further increased this year.—(*TASS*, New Delhi. *12* : 198 : 6, 9-9-1953).

●

Milk-Diet in Malaria

Prof. B. G. MacGraith, Jones, Professor of Tropical Medicine at Liverpool University, addressing the British Association Conference of Chemists said the other day "we are almost totally ignorant of the ways in which a parasite could be changed by the changing health of its host. Research into the malaria parasite, for instance, has been made mainly under laboratory conditions which did not necessarily bring us any nearer to discovering what happened to the parasite in its natural state in the host". At Liverpool however, it had been found that malaria in rats and monkeys (and probably in man) could be suppressed by a milk diet. It could be restarted by the addition of an acid to the milk This showed that by altering the conditions of the host, the parasite could be affected and its activities could be studied under natural conditions. There was good hope, he said, that this new method and others like it, would lead to a more logical approach to chemotherapy.—(*B. I. S. Bulletin*, 10-9-'53).

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By

P. S. VARIER.

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A Journal Devoted to Healthful Living

HEALTH

Founded by the late Dr. U. Rama Rau in 1923.

Proprietor. U. Krishna Rau, M.B., B.S., M.L.A.
Edited by U. Vasudeva Rau, M.B., B.S.
Annual Subscription : Rs. 2-8. Foreign : Sh. 5. Post paid. Single Copy As. 4.
Editorial and Publishing Office: 323-24, Thambu Chetty St., Madras-1.

Vol. XXXI OCTOBER, 1953 No. 10

REFORMING THE JUVENILE DELINQUENT

On the 20th July 1953, we read in a news item from Malaya, an experiment was initiated by the Malayan Government in the treatment of juvenile delinquency by liberalising their Borstal institutions on the British model, as a result of which the juvenile delinquents have begun to feel very happy and contented with their training and stay in the institutions.

The Borstal Schools in Great Britain are run, as far as possible, as ordinary boarding schools, with the exception that only a fortnight's holiday is allowed every year. There are nearly 150 approved schools in England and Wales, and they are of three classes ; the junior schools for boys under thirteen, the intermediate schools for boys between 13 and 15 and the senior schools for those between 15 and 17. These schools are housed in great country-mansions set in lovely surroundings amidst beautiful scenery and the boys cultivate the extensive lands belonging to the mansion. The boys take a delight and vie with one another in their daily task. They are discharged at the end of the statutory period of three years to return to their homes.

British experience has shown, that not all boys who have been through the Borstals, become reformed characters and never commit crimes thereafter. In not a few cases, the reformed delinquent reverts back to his former evil ways and gets again caught in the arms of the law, inspite of the fact that he is placed in the care of a welfare officer. A similar state of affairs prevails in our country.

The Borstal institutions of the Madras state, have been modelled

and developed on the most progressive lines and compare very favourably with those of the West in every respect. In fact the Madras State Borstals and Certified Schools have been acclaimed by foreign experts to be functioning well and to excel similar institutions in other parts of the countrv. But unfortunately their real role, and value have not been adequately recognized by those who should appreciate their worth and actively co-operate with the authorities of such institutions.

A report published in July 1952 on three years' working of a novel scheme started in Liverpool, in 1949 by the chief constable of that great industrial city, contains much valuable information, that would be of interest to those engaged in dealing with juvenile delinquents in our State. "The Liverpool Scheme was based on the appointment of a few selected police officers working in close co-operation with a juvenile liaison officer, in each of the seven police divisions of that city, under certain guiding principles.

"The establishment of liaison with head teachers, ministers of religion, youth club leaders, and others interested in child welfare; co-operation with probation officers; the keeping of divisional records about young persons proceeded against, or coming to the notice of the police, and regular contact with juveniles under police caution; visits to parents to discuss their children's future and ways of preventing repetitions of their offences; and encouragement of membership of youth clubs."

Commenting on the above scheme, one of our leading contemporaries stated that juvenile crime decreased greatly and gangs of juvenile offenders, (who are found to infest nearly every public place in the City of Madras) completely disappeared from the City of Liverpool. Another most valuable result of the application of this scheme is the immense knowledge gained of the child population, its home conditions and its temptations". In fact the psychological aspect of juvenile delinquency came thus to be well understood by the responsible persons. Several leading authorities all over the world consider that "many of the delinquent youths, hail from homes in which one parent is dead or the parents have separated, or the mother is a poor disciplinarian or a bad housekeeper, but a good number come from apparently normal homes!"

This is also our experience in the Madras State and it cannot be denied that juvenile delinquency is largely due to the absence of proper early domiciliary training and care of the children between the ages of two and six, which is perhaps the most crucial period in the development of personality and character in the individual. Emotional conflicts that may arise now, are liable to upset the poise and balanced career of the preschool child, just as much as of the school-going child. These need watching and correction by the discerning parent and the knowledgeable teacher.

The Best Advice I Ever Had

CLINTON P. ANDERSON,

Senator and Former Secretary of Agriculture, U.S.A.

IT was the lowest moment of my life. I was only 21; a few weeks before, I had been well on my way in the newspaper business in my home town and was eagerly expecting to get married. Now confined to bed in a tuberculosis sanatorium. I had nothing to look forward to, so I thought, but death.

The doctor had wired to my father to come within five days if he wanted to see me alive. All through the night—my first in the sanatorium—a boy in the next room had cried for his mother, and died at daybreak. I looked at the bottle of poisonous rubbing alcohol on a table near my bed and considered drinking it to end my misery.

Then I realized that some one was standing beside me. It was Joe Maas, an old "*lunger*". The words he spoke literally saved my life. They have come back repeatedly in my moments of crisis and helped to pull me through.

"Remember this, son" said Joe in the husky whisper of the advanced T.B. patient, "What you got will never kill you, if you keep it in your chest. But if you let it go up here," and he tapped his forehead significantly, "it is fatal. Worrying kills more patients than T.B. itself ever did."

The veteran's words made my young heart leap. I determined to keep thoughts of my illness out of my head. I would seize this opportunity to do the writing I had hoped to do but which I had to push aside owing to pressure of other work.

I sent for my typewriter and had it suspended from the ceiling on a pulley. Each morning, propped up on a pillow, I lowered the machine on to my lap. Throughout my eight months in bed, I laboriously typed out sketches, poems and short stories. I could have plastered my wall with the rejection slips (from editors of journals). Occasionally however, came a tonic sentence like the one I received from *Harper's Magazine*, saying "you almost got it!" That made up for a hundred replies starting "We regret....." And every day for four years I wrote a letter to the girl I was going to marry and received a letter from her. I never doubted that I would get well.

As my weight and health slowly improved, I worked on the weekly hospital newspaper writing short features about new patients. To every one, I passed on Joe Maas's warning against letting T. B. go from the lungs to the head. I noted in my diary the mental attitude of 2,000 patients I interviewed. In nearly every instance, those with a cheerful outlook survived. Many of them later told me that Joe's advice had a great deal to do with their recovery.

By contrast, there were patients who had the disease in a mild form, but who lived in perpetual fear,

Some of them eventually succumbed, more, I believe, because of abandoning hope than because, of their physical illness.

Three years ago, I was in the consulting rooms of a Washington heart specialist.

"Do you depend upon your congressional salary for a living?" he asked me.

"No" said I.

"Then resign from the Senate, pack up and go home. You have got a bad heart".

His diagnosis was confirmed by three other doctors. Added to the fact that I am a diabetic, kept alive by daily injections of insulin, this finding made me panicky for a moment. Then Joe Maas's advice came to my rescue, in a flash.

I stopped acting, as if the entire legislative structure of the United States would collapse, unless I personally propped it up every day. No longer did I work in my office until after midnight to clear off the last piece of paper on my desk. I gave up taking plane flights instead of rest at nights—exhausting trips to keep tiring speaking engagements. For a whole year, I did not make a single strength-sapping speech on the floor of the Senate. I studied the Senate bills conscientiously, did my committee work and quietly voted my convictions.

The pains across my chest disappeared. The last time I had a check-up, the doctor laid down his stethoscope and said "that heart is now in pretty good shape".

That I thought is because Joe Maas taught me *to keep my physical illness where it belonged*—and *not let it go to my head*. His advice saved my life more than once. It can bring peace of mind to anyone who will use it.—*Reader's Digest*, Aug. 1953).

Emotional Problems and the General Practitioner

Physicians in general practice have reported that a third or more of the patients who come to consult them have signs of organic illness ; another third have symptoms out of proportion to the organic findings ; and even in the remaining third, emotional problems are more often than not, brought about by the organic illness. In fact, practically any medical treatment has emotional implications, even though the degree varies in different cases.

Consequently, the physician should be aware of and discuss emotional factors even at the first contact with the patient—at the time of the initial history-taking—rather than delay any consideration of them until organic factors are ruled out or found to be insufficient to account for the symptoms.

When emotional possibilities are brought in at the last moment, the patient too often interprets their discussion as evidence of rejection on the part of the physician. He may indicate his resentment of this rejection by questioning the thoroughness of the work-up and starting a search for someone, physician or charlatan who will provide an organic explanation or he may attempt to reestablish his dependency by focusing on relatively minor physiological variations.—(Dr. Aldrich in the *New. Eng. Jour. Med.*, May 1953).

A COUGH IS A SYMPTOM OF MANY THINGS

Lt. Col. G. CLARKE, M.C., M.R.C.S. (Eng.),
Masab Talab, Hyderabad (Deccan).

BARRING pain, a cough is probably the most common of all symptoms which point to a departure from normal health. The severity of a cough is not necessarily an index of the seriousness of the underlying disease; thus, for instance the cough of early tuberculosis may be slight, while in an irritation of the throat, it might be quite alarming.

The purpose of a cough is to clear the air passages from any irritating or harmful substance, and consists of the forcible and violent expulsion of inspired air from the lungs by the sudden action of the muscles of the chest and the diaphragm. The impulse to cough arises from the stimulation of the vagus nerve which supplies not only the lungs but also the heart, stomach, intestines, and liver as well. It is on account of this that irritation in any of these organs causes a reflex cough. Sheer nervousness may also often give rise to a cough, as for instance, before one attempts to make a speech. A nervous cough is liable to develop into a habit.

When *the cough of a simple cold* is neglected and allowed to become chronic and is also kept up by smoking, the continuous strain leads to a stretching of the lung tissues and causes additional strain on the heart.

The *chronic bronchitic* patient is usually stout, thick-necked, wheezy, with pulsating veins in the neck, and a suffused face. The treatment of his condition is largely climatic, and the avoidance of the exciting cause such as dust and smoking, the use of lung-tonics together with healthful rest in a bracing climate for a month or two, will greatly help.

The *asthmatic cough*:—Asthma is a distressing complaint in which there are attacks of acute breathlessness with a feeling of suffocation terminating in a fit of coughing. It runs in families and is in many cases believed to result from sensitiveness (allergy) to protein-substances. The treatment should be carried out under the supervision of a qualified doctor. The paroxysms can be controlled by drugs like adrenaline, ephedrine etc.

The *tubercular cough*:—Very early in the disease the cough is irritable, being very marked in the early mornings and on going to bed, especially in cases where there is no visible disease of the throat and tonsils, or due to excessive smoking; also when there is a feeling of tiredness and loss of weight in spite of adequate and nutritious food. Pallor and breathlessness on exertion and a rise of evening-temperature also occur in this condition.

Phthisis is a widely prevalent disease but is preventable; it is

also curable *if* discovered and treated early. Today there are accurate methods of detecting with accuracy the presence or absence of tubercular disease. Early systematic and appropriate treatment will result in a rapid and complete cure.

Whooping cough may attack adults also, though children are most commonly affected by this disease. A series of coughs follow each other in such quick succession that there is no time to draw breath. The face gets suffused and bleeding from the nose may occur—then a deep breath is taken with a loud whoop repeated several times. It is an infectious disease due to a micro-organisms and a vaccine is available which can cut the disease short; the treatment is mainly hygienic, fresh cool air and general tonics being very useful.

Other causes of paroxysmal cough are irritants of the throat which give rise to a hacking dry cough, rather painful on account of its dryness. In children it may be due to enlargement of the tonsils or adenoids, and in adults it may be due to excessive smoking. In "Clergyman's throat" due to excessive use of the voice, the cough is dry and accentuated by nervousness. The treatment consists of rest to the throat and the use of soothing medicated throat-pastilles. Mandl's solution, a throat paint which contains iodine, should be used two or three times a day. Inhalation of benzoin vapour is very soothing in such cases. An elongated uvula (small tongue) may cause a persistent night-cough. A slight congestion can cause considerable elongation of the uvula so that it will irritate the back of the throat when the recumbent posture is assumed.

Causes of cough outside the lungs:—Certain heart diseases, gastro-intestinal disorders, constipation, dyspepsia, wax in the ears, are unusual but common causes of cough. A hysterical cough assumes a barking character and is not accompanied by expectoration. Few people can hope to go through life without some acquaintance with one or other of the different types of cough detailed above. Much anxiety and needless misery could be saved by a knowledge of the "significance of a cough." A cough is always a symptom and not a disease—and so the cause must be detected and remedied.

Smoking and Cancer

Dr. G. Solomon of Manchester writing to the *British Medical Journal*, for 13th June 1953, says, "It is interesting to note that statistics which are being used to show a relationship between lung cancer and tobacco smoking show that pipe-smokers appear to be less likely to develop the disease than cigarette smokers. There is one implication of this state of affairs which I have not seen mentioned anywhere but which I feel merits investigation. The continual presence in the smoker's mouth of the stem of his pipe will surely stimulate the secretion of large volumes of saliva. It is quite possible that this takes up a carcinogen or co-carcinogen which the cigarette smoker inhales and the pipe-smoker swallows. It would be interesting to study whether the incidence of cancer of the stomach is higher in pipe-smokers than in cigarette-smokers.

HOW TO WIN THE PATIENT'S CONFIDENCE

(DOCTOR-PATIENT RELATIONSHIP)

Condensed by
Mrs. SHANTHI DEVI KRISHNAN,
Basavangudi, Bangalore-4.

THE difference between the newly qualified doctor and the "old hand" is not so much that one has a greater store of medical knowledge than the other, but that the "old hand" knows *two things only* gained in the hard school of experience. The *first* is that he knows how to handle human beings and the *second* is that he knows that the commonest diseases occur commonest and acquires a "clinical nose" for what is likely to be the trouble in any given case. This is the true art of the physician, he senses disease almost like the witch-doctor who runs round a crowd and "smells out" the culprit.

To the young doctor this may savour of quackery in this scientific age. The baby in the cot that you diagnosed as pneumonia as you walked into the bedroom was because you noticed, without thinking, the rapid breathing, the flushed face and the movement of the alæ nasi (the cartilages of the nostrils). But a similar appearance can come from a feverish chill in a nervous child trying hard not to cry at the arrival of the doctor. There is a subtle difference and that is what the "old hand" instinctively has learned.

Between success and failure in general practice lies the ability to acquire the knack of getting the patient's confidence. This is the point where scientific medicine becomes an art. It is of no use knowing what to do if you cannot persuade the patient to do it. After all, there are no secret remedies these days, it is more a question of applying the correct treatment and advice known to all doctors at the correct time and in the right quantity. The very treatment that you advised and which the patient refused to take may make him go to another doctor who merely gives exactly the same treatment.

Why did you lose the patient ? The answer is that the patient lost confidence in you. It is extremely trying to the young doctor at first, until he realises that types of patients are as numerous as the facets on a diamond. This compels the doctor in general practice to have as many sides to his character as the patients are types, when to be serious, when to be jolly and even more important when *not* to be jolly. The patient will be watching your face all the time to try to learn from your facial expression how serious is the complaint. Is my condition serious ? Is the doctor keeping something back from me ? How long will the illness last ? Will there be any permanent effects ? How long will the pain last ? What is the matter with me ? All these questions and many more are chasing through the anxious brain

of the patient. If you answer most of these unspoken questions, the patient is content and relatively happy and you have gained his confidence. You must volunteer the correct answers and not wait to have them pumped out of you by the patient or his relative.

Take a typical example that happens daily in general practice. You are called to a patient who is running a temperature and who has no other localizing symptoms or signs. It is no use looking puzzled or helpless, the relatives want an answer to "what is wrong with the patient?" and the patient expects some treatment to make him better. Tell something like this:—

To the patient:—"You are running a bit of temperature, which is the reason you feel ill, and I am going to give you some treatment which will bring down the temperature and make you feel better. It isn't anything very serious and probably only a chill; there is quite an epidemic in the town. I'll be in this evening to have another look at you. My examination reveals nothing of a serious nature and your heart and lungs are quite clear." (Patients always worry about the condition of their heart and lungs and are delighted if told that their heart is strong). If the patient is a child, just play with the kid to cheer it up.

To the relative: (out of the patient's hearing) who may be the mother or the wife but usually the patient is a small child and the relative an anxious mother something like this, "Well, mother! there is nothing seriously wrong, the child is running a bit of a temperature. There are no signs of disease in the chest or throat, etc. and as you know small children often run a temperature for several days before the disease reveals its true nature, what we doctors call the invasion stage of illness. He is not very ill and if it is only a feverish chill he will be up and about in a few days; in the meantime, I give you a prescription for some medicine to kill the germs and I'll be in again tomorrow to make a further check. In the meantime, I want you to take his temperature every four hours and put it down on a chart and give him plenty of sweet drinks. If he wants his food and is prepared to take it, then let him have his food but keep him in bed until I see him tomorrow.'

At once you have done two things, shown the mother you know what you are up to and relieved her mind that things are not serious, because no mother ever makes a diagnosis of something trivial—it is always a fatal end in the offing! Secondly, you have given the mother something to do. She has to take the temperature, administer the medicine and make sweet drinks. A mother occupied with curing the patient has less time to fret and worry herself to death; she is terribly anxious to do something.

This brings you to the next stage of the case. If, after two or three days of persistent fever and no localizing signs, and if you have not started by telling a pack of lies about the ailment, you are in a strong position to take the relative aside and say something like this:—

"I have examined the patient from top to toe and there are still no signs to reveal the true nature of this illness and I feel we must undertake some further investigations and possibly arrange an X-ray". At this point the relative is going to shake you with the inevitable question, "What do *you* think is really the matter?" You must have a prompt answer ready—not very assertive though.

Naturally the relatives will be anxious but they will be satisfied that you are doing everything that is necessary, you have not let yourself down, in fact you have increased your stature by recognizing early that something of a special nature was wrong, and you have been doing every thing quite correctly. The case may turn out to be a paratyphoid, or an early pulmonary T.B. or a poliomyelitis without paralytic symptoms or even a central pneumonia which only shows up on an X-ray plate; in any case you have discharged your duty to the patient, the relatives and your own reputation with consummate skill.

You have avoided making several guesses and you had to change your diagnosis when you really hadn't one, you have not looked flustered or mystified and you have told a consecutive story; you are thus a man to be trusted in future to look after the family. You cannot always spot the diagnosis at the first visit, even though the patients always think it is possible.

On every day of your life as a general practitioner, some patient or other will tell you absolutely nothing but demand a "tonic". Your scientific training will at once rebel and you will be tempted to wither your patient with the scorn of your knowledge that there "ain't no such thing". If you do this you will lose your patients. I have tried for over 20 years to teach patients gently that the only tonic is the correct treatment for their ailment but it is simply of no use and I have given up the struggle. To a patient the word "tonic" is a magic medicine, that relieves the pain of sciatica, that eases dysmenorrhœa, that cures a pre-menstrual or nerve tension headache, and that eases the pains of arthritis. Whatever you prescribed will be a "tonic" to the patient and the term "tonic" is thus synonymous with "*relief*". However, your duty lies in finding out what is the best treatment for whatever complaint the patient has and giving it with suitable advice under the all-pervading cloak of the "tonic".

Patients always expect you to know all about them and their exact names and addresses even if you last saw them a year ago. What is more, they expect you to know at once the exact ingredients of "that red medicine that did me so much good". The successful doctor will be able to deal with such patients also without any embarrassment.

"(From an article on "General Practice" by Dr, E. Anthony, M.R.C.S. in the *London Hospital Gazette*)"

Temper Tantrums in Children

STELLA McKAY

EVERY child, and most adults, too, have tempers, which vary in intensity. Anger speeds up a child's heart action and also raises his blood-pressure. This will not ordinarily harm a normal and healthy child. But a child who has a weak heart or enlarged thymus gland may collapse under a severe temper tantrum.

A temper tantrum is an expression of anger shown by a violent outburst of rage, during which a child usually lies down on the floor and screams, kicks and bangs his head on the floor, or he may bite and scratch, cry with rage, or hold his breath until his face turns blue.

This frequently frightens the mother terribly. Once this antic is successful, the child will repeat it, every time he is denied something. Even when he has grown up he may use his temper to get what he wants, unless he is trained properly and taught to control his temper, while still young.

A sudden appearance of frequent temper tantrums in a previously placid child is certainly not healthy and has on rare occasions, been found to be the first sign or symptom of brain tumour or a defect in his eyesight. Tiredness, frustration or weakness caused by illness, may induce temper tantrums in children. Sickness makes a child's temper worse and the more sick a child has been the harder it is for him to control his temper. Temper tantrums in children are often due to jealousy, lack of affection and attention, or too much affection; or may start in frustration, as when a child is unable to ride a new tricycle which is too big for him, or to build up a tower out of wooden blocks as high as he wants to, or because he wants to play in the sand-pile, and his mother would not allow it. Then again, the child may be in an unhappy temper because he is hungry or is tired and feels exhausted.

Tired children have more temper tantrums and one temper tantrum is frequently followed by many more; they can be prevented by getting children to rest and take a nap in the afternoons and getting them to bed an hour earlier for a few nights. Hungry children lose their tempers easily, too, and giving them a small snack or some fruit an hour or so before dinner or after school, will often sweeten their temper.

Busy children are happy and are less likely to have temper troubles. Keeping the children properly fed rested, and in a healthy and happy frame of mind is the best insurance against temper tantrums If one child in a group gets angry and puts on a temper tantrum, his anger may spread through the group. Joyfulness is just as infectious as anger, and if you can get one child back to play happily, the others will soon follow suit.

Newborn babies have a temper too, a very real one, which healthy babies show at birth by

their first lusty cry. If you bundle a baby up tightly, with his arms tucked in, or hold him so that he cannot move, he will show you that he has a man-sized temper and that he knows how to display it. Psychologists say this frustration of activity is the answer to most of our temper tantrums throughout life.

Bad temper is not an inherited quality though some geneticists believe that it is so. Dr. Charles B. Davenport, a specialist in eugenics, noted that fiery tempers ran in families. It may be the result of imitation, when a hot-headed person in the family constantly keeps railing at and provoking the other members of the family.

There is no evidence to show that girls have worse tempers than boys. But irritability, which is really a mild form of temper, is about twice as frequent among young girls as among young boys.

A child who is having a tantrum should not be punished, yelled at or threatened during or after an outburst of the temper. Even after the tantrum is over, don't punish, scold or nag at the child. Try to make him happy and forget all about the tantrum, but don't forget to let the child know that you love him. When he is older, you can explain and reason out things with him. In the meantime, the silent or isolation treatment is best. If you have to deal with a child who bites or scratches when he is displeased, do not smack him but just walk out of the room and leave him alone. If he follows you, as he most likely will, put him back into the room and close the door, not lock it; and don't leave him isolated or keep the silent treatment going for too long a time. Minutes are like hours to little ones and they get worried and upset if left alone or not spoken to, for long periods. You may then have *to bargain for* an emotional *problem.* When the tantrum is over, let him play with other children again.

The best way to cure a tantrum, like stopping any bad habit, is to prevent its starting. You can foresee a build-up or a tantrum coming on, and often prevent it by getting the child to do something else more interesting; something you know he enjoys, but this takes time, energy and patience. If this doesn't work and the child gets too angry even to hear you or listen to reason, just do nothing but leave him alone for a while and go about your own work. The tantrums will soon stop when he realises that he isn't gaining anything by beating his head against the floor.

We must never forget that indignation has its proper place in every child's behaviour, and children, being human, will certainly lapse into an occasional tantrum. When this happens parents should try not to be distressed; remember, you are human, too.—(*Copyright N.N.F.*).

"There is no dignity quite so impressive and no independence quite so important as living within your means" said Calvin Coolidge a former President of U.S.A.—(*Reader's Digest*, Sep. 1953).

21 AUG 1955 MADRAS

PERSONALITY*

(Development from Birth to the Age of Thirteen)

Rao Saheb T. N. S. RAGHAVACHARI,
Retired Public Health Bacteriologist,
St. Thomas Mount, Madras-16.

I. From birth to two years.—Before a baby is born and while he is still in his mother's womb, he has nothing to worry about. He gets his supplies of nourishment and oxygen in balanced amounts from the mother, and lives in perfect safety, equilibrium and comfort. But birth suddenly upsets this passive, secure and balanced existence. In his new environment he has to depend on others for comfort, nourishment and safety.

From the moment he is born, a human being has feelings and desires and reacts to his environment. The little baby is self-centred and spends his early months in eating, sleeping and gradually exploring the world around him. His job is staying alive and growing, to which he devotes himself entirely. If he is hungry and food is not readily forthcoming, he cries. To him, his parents are now simply kind and loving hands that caress and pet him, keep him warm and comfortable and make him feel quite safe. The little baby, so helpless at birth and for a time thereafter, soon begins to move about his world and gradually becomes aware of his parents as people. As he crawls and walks, begins to eat and talks a little, he continues to get help and support from his parents. He commences to love them, and to be loved by them.

The infant's' need for love is the basic drive. Since it is essential to every human being to protect himself, the capacity to fight for what one needs and to fend off danger is manifest as something very fundamental. The continuance of the human race depends upon the basic drives of love and aggression.

Almost concurrent with the child's first displays of his drive for love and his drive to fight is his meeting with frustration. The mother and father teach the child that he cannot always have the things he wants and may have to accept substitutes or that he cannot have what he wants immediately but may be able to have it later. Sometimes the best efforts of parents to demonstrate love to the child, to make him feel secure and to give him recognition fall short of their goal. Unfortunately, the child's limited understanding of his new world may cause him to feel that he is not loved. A mother's long and serious illness may mean that she cannot be with her child as much as she wants to be. The acute illness of another child in the family may consume practi-

* Condensed from (*"Health and Human Relations"* by Roy E. Dickerson and Esther E Sweeney in *Jour. Soc. Hyg.*, Apr. 1953).

cally every waking moment of both parents; thus, almost every child feels at one time or another that he is not loved, recognised or entirely secure. If the child's feelings of rejection, insecurity and lack of recognition are very deep-seated, he may have considerable difficulty in growing up emotionally. The small child just out of babyhood may not feel quite sure about things. He may wish to remain a baby, since he still identifies parental care with parental love. Some older people too desire such dependence. They are fairly self-centred and in a sense still want to be babies. Unless one recognizes the significance of wanting to be babied, helpless and waited upon, this immature behaviour may continue and interfere seriously with his later career, marriage and subsequent family life.

Again the child, feeling unrecognized, may decide that he cannot and should not be recognized—that there may be something wrong with him or that he is just 'plain bad.' He may try to be inconspicuous, withdraw from people and grow less and less self-confident. One carry-over of these emotional patterns into later years is acute shyness and aloofness. Another may be a generalised feeling of being in the wrong, of feeling guilty even when he has actually done nothing wrong. Or the adult may doubt his own abilities, even though these may be excellent.

Similarly a child who doubts that he is loved, may try his level best to please everybody so that they will be forced to see what a good child he is and to love him. Sometimes the feeling of not being loved, causes the little child to take an 'I-dont-care' attitude or to feel that if others don't love him, he might just as well dislike them. While it is true that childish feelings and their resultant behaviour-patterns are often seen in emotionally immature adults, people need not be the victims of their early feelings, nor need they persist in the behaviour they adopted as little children. Young people can appreciate that the drive for love and the drive to fight are the bases of many of man's highest and most rewarding actions. They can readily recognize that marriage and family life depend upon the drive for love, as do their friendly, affectionate feeling for others, acceptance of social responsibilities, patriotism and brotherhood. But it may be more difficult for them to recognize immediately the rewarding elements on the drive to fight. Aggression is the force that makes an individual stand up for what he knows is right, resist attack, meet various kinds of danger and when necessary go into combat for his country. But aggression also embodies much more. Properly channelled, it is the self-assertive power behind study and research, art, invention and all those careers and endeavours to which men devote their lives.

II. Age two to six.—The child between two and six has a host of new experiences. Increasingly conscious of his parents, he normally forms strong and lasting attachments to them. As he feels loved and happy and secure with both his father and mother, he begins to want to be like them.

especially like the parent of his own sex. The small boy finds in his father an ideal of manhood. He imitates his father in play and in his gestures and facial expressions. The little girl sees in her mother an ideal of womanhood. She tries to be like her mother, wants to help with household duties, wants to dress like her, and often plays the role of mother with dolls and with other children. It behoves the parents, therefore, to live a model life and be a source of inspiration to the children.

But there are times when the small child's understanding is too limited to grapple with the seeming contradiction between parental love and parental authority. Since the child is too immature to place sensible and safe restriction upon himself, his parents must do so. Their authority is usually kind, firm and loving, and the child—even though he does not like the restrictions—accepts his parents' right to exercise control. Generally the child has little real difficulty in accepting parental authority—he even finds it a reassuring support. If the child identifies the exercise of authority with the withdrawal of love, he may respond by revolting, disobeying or acting wilfully. Or he may try to be a model child. Either course may become a behaviour-pattern and affect his later attitudes towards discipline and authority. It is during these years from about two to six, that many children meet the challenge of new brothers and sisters. Wise parents should prepare the little child for the arrival of a new baby, attempt to interest him in the story of how life begins and to reassure him to their utmost about his continuing place in their affections. Yet it is almost impossible to prevent the small child from having some feelings of worry about his ability to hold his parent's love and recognition. As he observes the care and time the new baby requires, he may feel left out and ignored. If he learns that he does not lose status and importance by the arrival of a baby and if he learns that his parents' affections can include more than just one child, he will be able to realise later, that other adults can love and respect him, yet include other people in their regard.

At two or three, an youngster begins to widen his social horizon, to make friends. This is the period of learning to share experiences with brothers, sisters and playmates; he now begins to be less self-centred, but is *not always* ready to share toys and to work and play with his new friends. It is at this stage of learning, that the group acts to some extent upon him, for if he won't learn to play according to the rules, the group may isolate him or punish him in one way or another. The child who fits comfortably into group living—learning first lessons in sharing, unselfishness and generosity, yet acting on personal initiative from time to time—has little difficulty in his social adjustments in later life. He works happily and productively with schoolmates, gets along comfortably in his job, adjusts well to life in the army and fits easily and quickly into any new social group in civilian life.

III. Age six to thirteen.—Going to school opens new doors

on life for the child. To some extent, his first experience in playing with other children prepare him for meeting the new group of youngsters he finds at school. The teacher is an unknown quantity and for the first few days he may have some difficulty in understanding the teacher's role in his life. Usually he learns fairly soon that the teacher is an adult friend, someone with authority who nonetheless is willing and eager to help him, ready to support and encourage his efforts. The teacher thus plays an all important part in a child's early life.

From about six to thirteen, girls are chiefly interested in relationships with other girls, and boys with boys. This is normal, wholesome emotional growth. During these years, while home and family continue to be important to the child, the group takes on increasing importance. Towards the latter part of this period, boys are likely to be interested in gangs. Gangs are normal, and when their purposes are wholesome they go a long way towards developing group-loyalty, cooperation and mutual helpfulness. Some gangs are destructive and encourage antisocial forms of aggression. This possibility should be recognized early and checked. Many youngsters of 12 and 13 begin getting into serious difficulties ; these could be prevented, if only they realised that all around them are wise and helpful people with whom they can talk out some of their feelings of anger, envy and dislike. These people, who may be leaders of youth groups, teachers, and even parents and relatives, understand many of the problems which youngsters face and can assist them in redirecting their emotions through constructive channels towards happy life.

Prohibition in Arabia

Saudi Arabia is considered a very backward country. But when it comes to the enforcement of prohibition that land is far ahead of us. The ruler of Saudi Arabia, Abdul Aziz Saud, is a devout Muslim and heartily in favour of the ban on alcoholic drinks, enjoined by the Koran. At first he permitted the employees of the Arabian-American Oil Company to import all the beer and whiskey they needed. His third son was invited to a party at a Christian home where he became so drunk that he was still violent the next morning. When the British Consul-General sought to quieten him, he killed that official and wounded his wife. His father offered to order the execution of his son, but the British refused to agree to this. Damages of 70,000 dollars (about three lakhs of rupees) were paid to the unfortunate widow.

Then the king had a bright idea. After all, the young man was merely the victim of strong drink. The logical step was to enforce the tenets of the Koran and prohibit the importation of liquor by any one. There wasn't any moonshining or bootlegging (illicit smuggling of alcoholic beverages into a land of prohibition). When the American members of the oil-field staff had used up their stocks, they had to fall back on water and soft drinks. *Time* says that twenty workers have already given up their jobs and returned to U.S.A., while others are threatening to do so.—(*Good Health*, U.S.A., June 1953).

Common Mistakes Made by Patients

IN THE MANAGEMENT OF DIABETES

DIABETES, which at one time was a dreaded disease, has lost its terrors since the discovery of insulin in 1921 by Banting. Patients belonging to the middle and upper classes of society are taught to use and inject insulin themselves once or twice every day. Newer types of insulins have been evolved by research workers, which have a more lasting effect in the blood stream for 24 to 48 hours. Though the majority of patients who resort to self-medication, follow the rules and take the injections correctly and without giving room to possible side-effects resulting from errors of omission and commission, some do commit mistakes which often land them in avoidable mishaps. In order to detect such mistakes as are commonly made by them, the family physician should keep a vigilant watch. The errors commonly made, according to Dr. K. E. Osserman, M.D. of the Diabetic Clinic of the Mount Sinai Hospital, New York City, are :— (1) errors in administering the drug; (2) errors in diet (3) errors in hygiene and (4) errors associated with acute illness.

I. Errors in the administration of Insulin, are probably the ones which cause the greatest concern to the family physician, and also to the patient. A patient previously well-regulated suddenly develops a shock or marked glycosuria (presence of sugar in the urine); it is advisable to ascertain from him as to when he started a new bottle of insulin, for it may well be that at the start he was drawing off supernatant fluid without much insulin content at the surface of the bottle, and then, towards the end of the vial, he may well be taking double or even more of the proper requisite dose. Other errors are the precipitation of the insulin at the top of the vial or the freezing of insulin in the refrigerator (in which well-to-do patients often store it) causing all the doses to lose their potency, All bottles of insulin should be checked for these conditions.

Probably the greatest difficulty in the administration of insulin has to do with incorrect dosage caused by the confusion between insulin concentration and insulin syringes. Most syringes have a dual scale-either 20 to 40 or 40 to 80 units; the patient therefore gets confused and may use the U. 40 scale with U. 80 insulin thereby taking only one half of the needed dose. In one case a patient broke his insulin syringe and obtained a regular 2 c.c. syringe. Instead of taking 25 units of U 80 insulin he took 25 minims or 125 units! No wonder, he developed insulin shock every morning for 3 days before the error was discovered and pointed out to him. The American Diabetic Association recommends the use of new syringes marked with only one scale and so errors may be obviated.

Two other common errors are the confusing of the clear globin

zinc insulin with clear regular insulin and cloudy modified insulin (NPH) with cloudy Protamin Zinc (PZI): The difference in the time of activity of these insulins must be explained to the patient so that he does not replace his empty vial with an insulin that *looks* like the original in content. Since the advent of modified NPH, mixtures of regular and PZI are no longer as popular as they were some years ago. However, they are still useful. In handling mixtures the patient must be taught always to use the same strength of the insulins going into the mixture. Always draw up the clear insulin first, then the cloudy, to avoid contamination. The patient must be told of the influence of exercise on insulin-requirement. Exercise helps to utlise the sugar in the system and this may result in hypoglycæmic episodes (low level of glucose in the system) necessitating a reduction in the dosage of insulin. Most commonly insulin is taken before breakfast; occasionally the doctor may select some other hour of the day. The patient should not confuse these instructions, and must stick to the regular time. An occasional error of insulin administration consists in using the same site for injection too frequently. This tends to decrease the effectiveness of insulin. The site must be changed, so as to utilise the largest number of sites in the body suitable for the purpose.

Errors in diet.—The patient must learn and respect food values, in terms of his daily intake. There is great resistance to changes in what one eats. It is lack of proper knowledge occasionally deliberate wilfulness, that causes the patient to make errors. Substitutions may be permitted with the concurrence of the doctor. [There is much to be said in favour of fasting for a day once a fortnight preferably on the *Ekadesi* day or on a Sunday, particularly by the diabetics. Ed. HEALTH].

Errors in hygiene.—Those associated with peripheral vascular diseases should be particularly stressed—namely the wearing of tight garters, that might arrest circulation and improper care of the feet such as cutting nails, calluses (hardened thickened skin) and corns.

Acute illness.—When acute illness develops in the diabetic, there is great uncertainty in his mind. Should he or should he not take his daily insulin when he is nauseated or vomiting ? If he takes it, will he not develop shock, because he cannot eat. Thus, many patients stop taking their insulin and consequently develop acidosis. It is advisable to discontinue long acting insulins and give small doses of regular insulin, depending on the sugar-reaction in urine. If a long-acting insulin has already been taken, and the appetite is decreased shock may be avoided by eating, atleast the starchy portion of the food (carbohydrate). The patient should be advised to take proper medical guidance, when acute illness supervenes.—(Condensed and adapted by R. Dwaraknath, M.A., from the *N. Y. State Jour. Med.*, 15-7-1953).

STOMACH TROUBLES

Their Cause and Cure

A. C. VINE

In all civilized countries, the commonest physical complaint is probably "stomach trouble." A pity that, because eating ought to be one of the joys of life, instead of the hazardous process it has become for so many sufferers.

The chief cause of indigestion and its uglier brothers is dietetic indiscretion. It would be libelling a faithful servant to dub the stomach unreliable or troublesome. Obedient to the laws of nature, it does a full day's work when it deals with three meals a day, and if it protests against being asked to do more, it is still your friend.

For many months and years, through youth and young adulthood, this patient organ does its best to cope with the unreasonable demands made upon it, but when vitality is lowered by circumstances other than dietetic, such as family cares, financial or relationship anxieties, late pleasure-seeking, overwork, and in fact, all excesses, then the stomach puts up a losing fight. It is an unfortunate thing that youthful indiscretions are indulged in, with impunity, while actually the foundations are often surely being laid thereby for a later life filled with discomfort and suffering.

There is no "instant cure" for the sick stomach. What took a long time to develop cannot be eradicated in a minute by means of a tablet or a powder. The cause of the trouble must be recognized and removed and an enlightened course followed.

Some of the foods we take at our normal meals require about four hours for their digestion. Others much less. We should give the stomach at least four hours in which to deal with what we have eaten, *before we eat anything else.*

If we eat again before the contents of the stomach have been processed and passed on, the result is that neither food is properly digested, and fermentation is set up with resulting pain or burning sensation, peptic ulcers, etc.

The following suggestions will help in avoiding stomach troubles:—Don't rely on tablets and powders to cure dyspepsia or indigestion. Eat slowly. Don't swallow lumps of food—chew it! Avoid fried foods, bottled sauces, and rich mixtures. Have only a few kinds of food at any one meal. Be content with three meals a day. Take these at regular hours, and eat nothing in between. In the evening have only a light meal, and eat it at least four hours before bed-time. In this way, good sleep will be assured, and there will be a keener appetite for breakfast. Don't overeat. Most people could be healthier on less food, if they would only follow the foregoing suggestions. Avoid excess of pepper, mustard and tamarind as they irritate the delicate lining of the stomach. Don't eat food too hot. If you can't

comfortably hold it in the mouth, don't swallow it–ulcerations often begin this way.

Take foods in as nearly their natural state as possible—whole-grain bread, and conservatively-cooked fruit and vegetables.

Avoid the super-refined things like confectionery and cakes, puddings and pastries made with refined, bleached flour and sugar and also fried foods.

At mealtimes try to exclude worry, anxiety, resentment, and other emotions.

Don't take tablets to help you digest your food. They won't. Most of them contain soda, which destroys certain essential qualities in the food.—(*Good Health*, London, Sep. 1953).

"The Boy" in True Perspective

Boys come in assorted sizes weights and colours. They are found everywhere—on top of, underneath, inside of, climbing on, swinging from, running around or jumping to. Mothers love them, little girls hate them, older sisters and brothers tolerate them, adults ignore them, and Heaven protects them! A boy is Truth with dirt on its face, Wisdom with bubble gum in its hair and the Hope of the future with a frog in its pocket.

A boy has the appetite of a horse, the digestion of a sword swallower, the energy of a pocket-size atom-bomb, the curiosity of a cat, the lungs of a dictator, the imagination of a Paul Bunyan, the shyness of a violet, and when he makes anything, he has five thumbs on each hand.

He likes ice cream, knives, festivals and fairs, comic books, the boy across the street, woods, water in its natural habitat, (tanks, rivers, ponds and pools) large animals, his Daddy, trains and cars, Saturday mornings and fire engines.

Nobody else is so early to rise or so late to supper. Nobody else can cream into one trouser pocket, a rusty knife, a half-eaten apple or pear, three feet of string, two peppermints, three small coins, a slingshot, a piece of rubber, two blunt pencil bits, a chunk of an unknown substance, half a dozen marbles, two wooden toys and a genuine supersonic code ring with a secret compartment!

A boy is a magical creature—you can lock him out of your room or workshop, but you can't lock him out of your heart; you can get him out of your study, but you can't get him out of your mind. Might as well give up—he is your captor, your jailor, your boss and your master—a freckle-faced, pint-sized bundle of noise. But when you come home at night, with only the shattered pieces of your hopes and dreams, he can promptly mend them with two magic words.—'Hi Dad!" (Alan Beck in *New. Eng, M.L.I. Co. House Magazine*).

Impatient inpatient to nurse in hospital:—I am tired of nourishment! I want something to eat!"

Musings of a Medico—While Relaxing

NANDLAL B. VANI, M.B., B.S., Nandurbar.

1. Ordinarily, men love to hear scandals, particularly those about persons whom they know.

2. A man who professes to know many things is usually shallow; one who knows only one subject is often perverse.

3. Every woman has the maternal instinct and the childish instinct; but not always the instinct of a wife.

4. An idealist who has outgrown his idealism, may be a danger to society; but a cynic who has outgrown his cynicism is often the kindest man on earth.

5. Persons who easily make friends seldom keep them.

6. Don't enjoy pleasure to its very limit, if you wish to prolong its flavour.

7. Keep your head cool and your feet warm.

8. Black-mailers are legion; therefore, the flow of rumours must be unhindered and incessant.

9. The blessing of health is realized only on the sick-bed.

10. Wealthy people cannot at all visualize poverty.

11. Swim not in the tides of the world, and storms will not beat upon your breast.

12. Good-luck comes from the goodness of the heart.

13. A narrow-vision and a large heart are incompatibles in life.

14. In moments of heat and anger, don't offend courtesy by words.

15. Ignore gossip and you can throttle rumours.

16. A friend is a single soul in two bodies.

17. Don't open your heart to the grim silent one; guard your tongue before the garrulous fool.

18. Don't forget the scandal-monger loves to carry scandals about others to you and *vice versa*.

Difference between Fatigue and Exhaustion

Fatigue is a diminution of muscular or intellectual power due to prolonged activity and is accompanied by a feeling of weariness. Senility, illness and unsuitable work are predisposing causes in fatigue and the amount of work done may show a gradual diminishing or sudden fatigue may set in.

The differentiating features between fatigue and exhaustion are found *in the symptoms*. *In fatigue* there is pain in the muscles, a quickened pulse and deeper respirations. The cutaneous arterioles are dilated and perspiration may be profuse. The body temperature falls and psychologically there is a diminution of the power of attention, weakness of memory and confusion of ideas. In exhaustion, the work done by a muscle already fatigued acts on that muscle in a more harmful manner than a heavier task performed under normal conditions. *The symptoms of exhaustion* are: palpitation of the heart, dyspepsia, vertigo, dizziness and tingling of the limbs, irritability and hallucinations of hearing and vision.

Cleanliness in Catering

THE British Minister of Health issued a circular in June last, on "*Cleanliness in catering*". This circular was issued to hospital authorities in England, who have been asked to give a lead in the clean handling, serving and storing of food stuffs. The minister says that he regards the hygienic preparation and storage of food in hospitals as a matter of great importance, and one which hospital authorities should keep under continual surveillance. He suggests, therefore, that in each hospital a senior medical officer should be made responsible for advising on catering hygiene and for arranging lectures on the subject to the catering staff. To enable catering staff to maintain a satisfactory standard of personal hygiene, it is essential that wash basins with hot water be provided in or near the kitchens and food stores. Where adequate facilities do not exist, hospital authorities should take steps as early as possible to ensure that they are made available.

The Minister sets out some basic facts. Practical measures to prevent food poisoning include scrupulous personal cleanliness, the suspension from catering work if necessary of any individual injured or ill, the prohibition of smoking in food stores, kitchens and ward kitchens and by catering staff in dining rooms, and no admittance of such animals as dogs and cats to the catering departments. To prevent contamination in the kitchen the handling of food should be reduced to a minimum, particular care being taken with cooked foods such as meats and synthetic cream mixtures; stews, gravies, sauces, custards, etc., should as far as possible be consumed soon after preparation. Prepared food and "left-overs" must never be left uncovered or in a hot atmosphere; they should be kept in a refrigerator if one is available. Badly chipped crockery and enamel-ware should not be used.

It is because these facts, and the advice which goes with them, are every bit as important in the home as they are in hospital, that we commend them to our own readers.—(*Mother and Child, 24*: 4, July 1953).

Advice to those with High Blood-Pressure

In cases of high blood-pressure, it is usual to cut the amount of protein eaten to the barest minimum. All meals should be small and light and easily digestible. In fact it is a good plan to live largely on fruits and salads (raw vegetables). Nothing should be eaten within three or four hours of going to bed. Rest is very important, and you should take a nap and some rest in the middle of the day. A small teaspoonful of Epsom salts every other morning on rising will help you with both the constipation and the blood pressure.—(*The Family Physician,* July 1953).

The shortest distance between two points is from the beginning to the end of a vacation.—(*S. Fide*).

THE WORLD'S MOST WONDERFUL FILTRATION SYSTEM

WAYNE McFARLAND, M.D.

THERE is no magic potion that will turn the tide in favour of better health. The suggestions we have to offer in helping you to better health are extremely simple and easy. They require only a bit of every-day knowledge, and the determination to follow through. A prescription I would give you for good health is—*Drink water.*

How often when doctors inquire of the patient: "How much water do you get in a day?" the conversation runs something like this: "you know, Doc., that's a strange thing about me. I just never am thirsty. I can go all day without ever taking a glass of water. I'm just like a camel". Because people treat themselves like "camels" is the very reason they are sitting across the desk trying to get the doctor to relieve them of their back pains and other miseries. Camel physiology and human physiology are quite different—about as for separated as the dry cell batteries that run a flashlight and the wet cell batteries in your car. The latter does not work without water. If you would keep the human batteries going, you had better check to keep the water level at the right height too. Human beings are the strangest creatures. Undoubtedly that is one reason why doctors enjoy the practice of medicine, because they have the opportunity to study people from skin to bone.

And talking about skin, that's a good place to begin. Why, you can't have health unless you get adequate amounts of pure, soft water. Our skin covers an area of eighteen square feet. One of its functions is to help in regulating body-heat. It does this by cooling the skin with perspiration in the summer-time; two to three quarts may be lost through the skin by perspiring, and even in the winter-time one quart is lost, of which you are hardly aware. During winter months, we urinate more frequently than in summer months. As you can see, this fluid must be replaced. So if you go on day after day without drinking any water, you are heading for trouble.

Many people do not realise how vital water is to the human system. The human body is made up of seventy to seventyfive per cent water. The muscles contain about half of the total amount in the body. The blood, the life-giving fluid of the body, makes up only one fourteenth of the total amount of fluid. The brain cells are seventy per cent water. If the water level of the body drops beyond a certain critical point, then changes in people's behaviour actually occur, Most people, of course, think of the kidneys when the subject of water is under discussion. True it is that here we have the most wonderful filtration system to be found anywhere. Nothing yet that man has devised, can equal the wonders of the kidneys. Although they weigh only about five ounces, yet an amount of blood equivalent to all

that is in the human body (about six quarts or 192 ounces) passes through them every eighty minutes. These tiny filters inside the body know exactly what substances to let pass by, and then re-absorb the fluid after the poisons have passed on. The tiny tubes are so small in the kidney that you can only see the individual filters (called glomeruli) with the aid of a microscope. There are some two million-billion of these filters. They do not all work at once, but each one starts and stops in a mysterious fashion. Each has a rest period. The kidneys and their tiny tubules, excrete one to two quarts (a quart is 32 ounces) of fluid each day, and they will not work properly if you neglect to furnish them with sufficient water. Yet some people work then overtime by trying to get along without water. For the best of health, you should take six to eight glasses of water between meals. Here is an excellent health tip: on rising in the morning, a glass of warm water is all the laxative that many individuals require. And isn't that a whole lot better than the "stuff" some people swallow in order to force the intestinal tract to be punctual? The less liquids *at meals* that stomach-sufferers take, the better.

Our health prescription for better living will read like this: A glass of water on rising in the morning. 2 glasses of water midway between breakfast and your noon meal. 2 or 3 glasses of water midway between lunch and supper. If you follow this health rule faithfully, you will prevent needless aches and pains. —(Condensed and adapted from *Good Health*, London, June 1953).

Oranges in a New Role!

Dr. Winfield writing in the '*Nursing Home Administrator*' relates the following true story and draws its moral for the use of his readers.

"The late Chief Justice Evans Hughes, in order to retain and maintain his erect youthful carriage walked around the room for fifteen minutes every morning, *balancing an orange on his head*".

Visitors to tropical countries have noticed how women carry heavy baskets of produce on their heads for long distances. From force of habit, a young girl will place a quart bottle on her head, instead of carrying it in her hand, and walk briskly along. Of course, these women have superb posture, with none of the drooping shoulders so often seen in to the women of our own country (U.S.A.).

Dr. Winfield adds "Justice Hughes was wise, but he did not go far enough with that daily orange. He should have consumed its juice for this is of particular value to those of older years. It raises the fluid intake which is desirable. It is a source of vitamin C, which is not taken in sufficient amounts by many older persons. Citrus fruits stimulate the appetite and digestive glands and are hence, helpful to those with little desire for eating. They thus ensure more rounded nutrition.—*Good Health*, U.S.A., July '53.

The best inheritance a parent can give to his children is a few minutes of his time each day.—(Battista in *Reader's Digest*).

The Humanities in Medicine

The most important phase of medical care is the application of the humanities in conjunction with the application of medical science. Each doctor should realise that the patient comes to him as a human being with disease. He must remember the order of these occurrences —the human being comes first and brings his story of disease as a secondary factor.

One cannot over estimate the importance of keeping in mind that the basic unit of medical care is the patient and *not* an isolated disease. Too frequently in the past the medical profession has allowed its concept to be too narrow and has treated only the disease to the exclusion of the patient.

The public has been loud in its clamour for the return of the family doctor relationship of 50 years ago and this *not without adequate reason.* The old family doctor, even though a poor medical scientist was an expert in the human relations that are so important in the practice of the art of medicine. He knew his patients as individuals and treated them as individuals. His success in most instances was phenomenal.–(Dr. Williamson in *Pennsylv. Med. Jour.*, March '53).

How to Stop Smoking

Writing in the *Lancet*, a leading British Medical Journal published in London, Dr. Lennox Johnston expresses the opinion. "Its protracted course, the enormous numbers affected and the spreading infection, make smoking one of our most serious diseases". He adds that a smoker *may think* he is a 100% specimen physically but when he gives up the habit he observes an accession of high spirits, appetite and sexual potency, which he did not enjoy all the time he was given to smoking.

Dr. Lennox Johnston interviewed 10,000 persons who had stopped smoking to find out how they did it. He believes from the result of this interview, that *the step should be taken suddenly.* Half the battle will be over when the first twentyfour hours of abstention are over. After that he should continuously on every possible occasion, talk vigorously about the evils of the tobacco habit. He should even be arrogant and intolerant in his anti-smoking campaign. This course will greatly assist him in perseverance to his resolve.—(*Good Health,* U.S.A., July, 1953).

My Body is a Temple

My body is a temple
Not made with bricks or stone
But built of such materials
As muscle, flesh and bone;
And that this body temple
May stand the strain of wear
I must each day returning,
Look after it with care.

To keep my body healthy
I need long hours of rest,
And that it may work smoothly,
Must exercise with zest;
For tired and listless children
Quite early in the day,
Instead of being happy,
A lack of sleep betray.

In order that my muscles,
May be as strong as steel,
And also that my body
May firm and sturdy feel,
I must eat all the good things
That mother earth provides,
Fresh vegetables daily,
And nuts and fruits besides,

Then shall my body temple
A worth-while building be,
All sweet and clean and sparkling,
From every blemish free:
A temple such as angels
Might come to occupy,
One which will stand unbroken,
And every storm defy.

—(Gwen Yeates).—*Good Health* and *Family Physician*, July 1953.

Man's Powers of Endurance!

Men can live without air for a few minutes, without water for about two weeks, without food for about two months—and without a new thought for years on end!—(*Reader's Digest*, Sept. '53).

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Pleasant Topics from Periodicals

Two police-captains fell out over a division of the spoils. "You have never heard my honesty questioned" roared one. "I have never even heard it mentioned" conceded the other.—(*Saturday Review Lit.*, U S A.)

●

"Oh, my poor man" exclaimed the kind old lady. "It must be dreadful to be lame. But it would be worse if you were blind". "You're absolutely correct, lady," said the beggar. obviously an old hand at the game "when I was blind, people kept giving me foreign or counterfeit coins" —(*World Digest*, Aug. '53).

●

It is plain women who know about love: The beautiful women are too busy being fascinating".-(Katharine Hepburn in *Family Circle*, U.S.A.)

●

Woman is Woman

A woman stepped off the weighing machine and turned to her husband; he eyed her appraisingly and asked "well, what is the verdict? A little overweight ?"

"Oh, no", said the wife "I would'nt say that. But according to the height table on the scale, I should be six inches taller!"—(*World Digest*, Aug. '53).

●

The former vicar and his wife attended a garden party in his old parish. The new vicar greeted him heartily—"I am very pleased to see you again. And is this your most charming wife ?"

The other vicar fixed his host with an accusing stare " This" he said reprovingly "is my *only* wife".—(*The Farmer's Weekly.*, S Africa).

●

Yet Another Dig at the Scotchman

A Scotchman on a visit to London, noticed one morning a bald headed chemist standing at his shop door and asked him if he had any hair-restorer.

"Yes, Sir," said the chemist escorting the Scotchman inside. "Here is a preparation which I can recommend; I have testimonials from great men who have used it. It makes new hair grow in 24 hours.

"Ah, well" said the Scot "you can give the top of your head a rub with it now and I will look back this time tomorrow morning and see if you are telling the truth. Then I will buy it."—(*The Outspan*, July 1953).

●

Archæology Helps •

Agatha Christie the famous detective-story teller, lives now most of the time in Baghdad, where her archæologist husband is working on important excavations.

"An archæologist" she said with conviction "is the best husband any woman can have. The older she gets, the more he is interested in her."—(*Joker*, Copenhagen).

●

The Ever-despised Mother-in-law

A woman reported the disappearance of her husband at the police station The Inspector glanced at the photograph handed to him and asked her if she had any message to be given to her husband if he were found.

"Yes" she replied eagerly "Tell him mother did not come after all".—(*Wall Street Journal*, U.S.A.)

●

Boarder :—It is disgraceful, Mrs. Skinner. I am sure two rats were fighting in my bedroom last night."

Mrs. Skinner (*Landlady*): "So! what do you expect for three dollars a week? Bullfights ?". —(*World Digest*, Aug. '53).

●

"What kind of weather did you have on your holidays ?"

"Well, I almost got engaged to the caretaker of the local museum."-(*Night and Day*, U.S.A.)

●

"My friends can't stand to see me starve."

"What do they do ?"

"They talk to me with their eyes closed".—(*Hjemmet*, Copenhagen).

●

Father looked hard at his wife and then at his son. "That boy, the little rascal has taken money out of my pocket" he stormed.

"Ernest !", she protested, "how can you say that? why, I might have done it".

Father shook his head "No, you did'nt; there was some left".—(*Karimmudin*, India).

●

Deft Definitions

Summer :—The season when children slam the doors, they left open all winter —(*Changing Times*).

Bachelor :—Someone who tries to avoid the issue.—(*E.M.F*).

Bore :—The fellow who, if you asked the time, would start to tell you how to make a watch.

Recreation :—Getting exhausted in your own time.—(*News Letter*).

Adolescence :—That period when children feel their parents should be told the facts of life.—(*Wall Street Journal*).

Diplomat: Agent who thinks twice before he says nothing.

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Bites,
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Bruises,
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Insensibility,
etc., etc.

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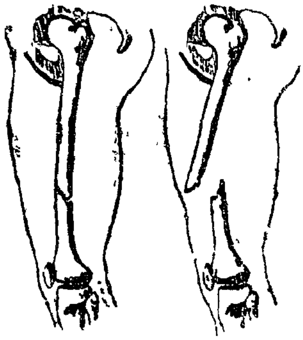

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